

Mass Responder

The Newsletter for Massachusetts Behavioral Health Disaster Response



Commonwealth of Massachusetts—Department of Mental Health & Department of Public Health, Bureau of Substance Abuse Services

Conference Announcement

IN THE WAKE OF DISASTER: EFFECTIVE MENTAL HEALTH IN- TERVENTIONS

Friday April 17, 2009
at

SUNY New Paltz, NY

<http://www.newpaltz.edu/idmh>

Attendees will learn principals and current state of research on early interventions including psychological first aid, psycho education, and screening for

From the Editors—Thoughts on the First Edition

Rodrigo Monterrey
All-Hazards Coordinator (DPH-BSAS)
and
Ashley Pearson
Director of Emergency Services (DMH)

This is the first issue of *Mass Responder*, a quarterly newsletter written for the volunteer Behavioral Health Disaster Response (BHDR) community. Our goal in creating this newsletter is to keep you informed of current events that are important to Behavioral Health Disaster Responders ("BHDRs"). In it you will find articles, listings, resources and links about BHDR-related disaster crisis counseling activities and education information.

We want to take this opportunity to thank those of you who have signed up to be volunteer crisis counselors. This is very important work and the more we learn about the impact of disasters, the more we understand what a difference it makes to have a comprehensive disaster behavioral health program. We, not just those working at the state level, but Commonwealth citizens, the people of the state, your neighbors, your agency's clients and staff, will be counting on your help and expertise in the event of a major emergency or disaster.

We hope you find this newsletter helpful, and encourage you to let us know how we can make this and the BHDR program better, as they are both works in progress. Please keep us informed of whatever you are doing that is related to BHDR work so we may share it with everyone here. Our goal is to make this a vehicle for you to share your knowledge and concerns as well as learn from others in the field.



Many people asked after attending recent BHDR basic trainings to learn more about substance abuse in disasters. The following outlines the role of DPH-BSAS in providing services in a disaster, as well as some key elements to consider.

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Substance Abuse Issues in Disasters

Rodrigo Monterrey, All-Hazards Coordinator (DPH-BSAS)

Substance abuse programs play an important role as care providers to the residents of their communities. Care providers inform the local, municipal and even state plans about their needs and capabilities, which are determined by the clients they serve, their staff and facilities. So it is critical that substance abuse pro-

grams have an all-hazards plan and a defined role in the local emergency plan. Coordination, collaboration and communication between providers and community planners is critical not just for responding to an emergency affecting the substance abuse program, but for resource allocation in the case that clinical services, equipment and/or shelter are required for others. To this end, all substance abuse providers li-

censed and/or contracted by the state through The Department of Public Health's Bureau of Substance Abuse Services (BSAS) have been trained in all-hazards planning.

The role of BSAS in providing substance abuse services in the event of a disaster involves coordinating and allocating resource

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through its network of licensed and contracted providers. The BSAS All-hazards coordinator works in collaboration with the Department of Mental Health's Emergency Director to activate the State Disaster Behavioral Health Plan and the BSAS regional managers who oversee the work of substance abuse providers in each part of the state.

Rationale: Substance abuse affects every population (including emergency responders), directly or indirectly, in a variety of ways and regardless of income, ethnicity, age, gender, etc. Substance users can be classified into three categories, and some of the issues they present in an emergency or disaster can include:

Moderate Users: in the general population there are people who use alcohol and other drugs in a "moderate" fashion – but as an outcome of trauma, some will use these substances as a dysfunctional coping mechanism. Over time, substance use may return to "pre-trauma" level for some or develop into a substance abuse problem for others.

In Recovery: people in recovery or treatment are at risk for relapsing as a way of coping or numbing. These individuals, who normally find the help in support groups or within their families and social networks, may find themselves disconnected from them and relapse. Individuals in this group also include those who are in medication-based treatment, such as Methadone, insofar as their need for recovery support and relapse-prevention services. Those in medication-based treatment will need access to their medication or otherwise experience withdrawal, physical detoxification and other medical issues.

Active Users/Abusers: 78 percent of people who meet the criteria for abuse or dependence don't think they need treatment. In an emergency situation, they may be cut off from their supply and then suffer physical and psychological conditions such as withdrawals, detoxification, craving, depression, psychosis, delirium tremens, etc. This will present a further burden on the healthcare system already dealing with the surge of people presenting for needs directly related to the emergency or disaster.

Aside from abstainers, who present a much lower risk for substance abuse in disasters and account for 30 to 40 percent of the population, most people belong in one of the three categories mentioned above – and, as everyone exposed to a disaster is in some way affected by it, even emergency response personnel will need prevention, education and support services in order to avoid or manage

Substance Abuse Issues in Disasters...*continued*

problems.

The onset or increase in alcohol and drug difficulties may not become apparent until some time after a traumatic event or loss has occurred. So teaching people about the relationship between alcohol and drug abuse with trauma prior to, during and after a critical incident or disaster can mitigate an increase in substance use following such an event.

Alcohol, drugs and even the abuse of prescribed medication can interfere with one's ability to think clearly, which is a critical asset in any emergency, so prevention and education programs are an important component of community-wide disaster preparedness.

In the event of a prolonged disaster, that would overburden hospitals, it would make sense for staff to focus on conducting prevention, screening, making referrals for treatment and conducting brief interventions such as the SBIRT method <http://sbirt.samhsa.gov>. Other problems associated with substance use statistically increase during and/or following a critical incident, including divorce rates, family violence, suicide and accidental injury.

Substance abuse prevention is a way of building resiliency not just for individuals but for communities; it serves to establish and/or restore support systems that benefit everyone affected by the disaster; it educates people about coping strategies that are constant and healthy; it helps avoid the onset of PTSD and addictions.

SAMHSA's Psychological First Aid Field Operations Guide includes a handout for substance abuse issues in emergencies and disasters:

http://www.ncptsd.va.gov/ncmain/ncdocs/handouts/PFA_Appx_E_handouts.pdf

To learn more go to:

Massachusetts Substance Abuse Information and Education Help-line:

800.327.5050

Web site: <http://www.helpline-online.com/index.html>

We want to hear from you! Please let us know if you have news to share, updates from the field, an idea for an article and any upcoming trainings that would be pertinent for BHDRs.

Contact Ashley Pearson, (617) 626-8145,
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DPH Emergency Preparedness Bureau (EPB)

Did you know that the MA Department of Public Health is the lead agency to provide Health and Medical Services during times of disaster & major emergencies? EPB coordinates these services.

*Elizabeth Serrailier, Regional
Emergency Planner, EPB*

The Emergency Preparedness Bureau of the Massachusetts Department of Public Health (MDPH-EPB) works in partnership with the 351 local boards of health and 75 acute care hospitals in MA on preparedness and response efforts across the Commonwealth. MDPH-EPB places emphasis

on developing policy, plans and guidance that incorporate the needs of individuals who may require additional assistance during emergencies. Through partnerships with internal departments such as the Bureau of Substance Abuse Services and the Office of Public Health Strategy and Communications, other state agencies such as the Department of Mental Health and the Executive Office of Elder Affairs, and external organizations such as the Disability Policy Consortium and the American

Red Cross of Mass Bay, MDPH-EPB is able to engage in meaningful disaster health planning and education.

MDPH-EPB is actively engaged in the development of a comprehensive disaster behavioral health response plan for the state through participation in the Commonwealth's Disaster Behavioral Health Committee. As the lead agency for the Massachusetts Emergency Support Function 8 -Health and Medical (ESF8), MDPH-EPB is responsible for coordinating all health and medical functions, including mental health services, during declared emergencies. Additionally, MDPH-EPB encourages public and private providers of health and welfare services to collaborate with local health departments and emergency management to plan for the continued delivery of services during an emergency. DMH works with MDPH-EPB during disasters and major emergencies as an agency that support ESF8.



DMH Emergency Management Deployments and Alerts since Hurricane Katrina

Many of you learned about providing mental health and substance abuse services in response to disaster events due to Operation Helping Hand in 2005. This was the Commonwealth's emergency management effort to assist individuals from New Orleans who were impacted by Hurricane Katrina. The goal was to help them recover through a FEMA initiative that temporarily sheltered them across the nation and then assist them to return to their home state or a more viable destination, to begin rebuilding their lives. Massachusetts was one of the states that offered to help. Others were actively involved in the state's response to the 9/11 attacks and helped at Logan International Airport for nine days. And the FEMA Crisis Counseling Training and Assistance Program (CCP) was launched in 2001 to provide extended help to affected individuals in Massachusetts. Others are aware that the Department of Mental Health has a history of providing crisis counseling services back to the Blizzard of '78 for citizens of the Commonwealth, its own staff and clients.

What you may not know is that since Hurricane Katrina, the Department has been involved in 31 high level alerts and deployments of its BHDR crisis counseling volunteers and emergency management staff/resources as a result of emergency incidents. Post-Hurricane Katrina, there have been 19 deployments of DMH resources and 13 high level alerts, where emergency management was standing by to assist. The following is a brief overview of those events that relay both internal agency and external impacts that the Department has responded to. Of note is the wide diversity and range of support DMH has offered across the state. These alerts and deployments represent five events Metro Boston, seven in Metro Suburban, two in Central Mass, eleven in the North East, five in the Southeastern Area, with six of the events being supported statewide from Central Office. The preceding numbers represent some overlap, as several events crossed defined DMH Area borders and some were supported statewide via DMH Central Office resources. —From September 2005 to September 2008

Deployments:

1. Taunton Dam Flooding (10/15/05)
2. Old Taunton State Hospital Fire (3/19/06)
3. Mother's Day Flooding (5/11/06)
4. Danvers Factory Explosion (11/22/06)
5. Cambridge YWCA Fire (11/06)
6. Rockport Day Care Incident (1/25/07)
7. Northeast April 07 Flooding (4/07)
8. Swampscott Middle School Incident (5/4/07)
9. Uxbridge Bernat Mill Fire (7/07)
10. Haverhill Fire (12/7/07)
11. Brockton Fire (12/20/07)

12. Lawrence Fire (1/20/08)

13. Violent Death in Lawrence (2/7/08)
14. Framingham Fire-Jefferson Village Apts. (4/11/08)
15. Jamaica Plain House Fire (6/3/08)
16. Ashford Terrace Complex Fire-Peabody (5/29/08)
17. Queen Anne's Gate Fire, Weymouth (6/20/08)
18. Fore River Shipyard Death, Weymouth (8/18/08)

High Alerts/Stand-by for Deployment:

1. US Citizens Airlifted from Lebanon (7/19/06)
2. Virginia Tech Incident (4/16/07)
3. Everett Tanker Fire (12/5/07)

4. January 14th Nor'easter (1/14/08)
5. DMH Site Office Fire (2/1/08)
6. Canton MBTA Train Crash (3/25/08)
7. South Boston Fire (4/9/08)
8. Milton Fire (4/16/08)
9. Boston Marathon (4/22/08)
10. Newton MBTA Green-line Crash (5/28/08)
11. New Bedford Flooding, St. Luke's Hospital Evacuated (8/11/08)
12. Hurricane Gustav, Gulf Coast States (8/31/08)
13. Tropical Storm/Hurricane Kyle (9/27/08)



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MassSupport

The [MassSupport website](http://www.mass.gov/samh) is a place to turn when you need help dealing with concerns resulting from disasters and crises at a national, state or local level. In addition, you can search for programs and services across the state and order print material, either through the website or by calling 1-866-237-8274. MassSupport also runs the Massachusetts "Pan Flu" hotline, with information and resources regarding concerns about pandemic influenza: 1-866-627-7968. www.mass.gov/samh

Psychological First Aid Field Operations Guide

Many of you may be familiar with the *Massachusetts Behavioral Health Disaster Responder Participant Reference Guide* that you were given when you attended a basic training over the last four years, what you may not be as familiar with is the national guidance that our training program is founded on. You are invited to review the Psychological First Aid (PFA) Field Operations Guide (2nd Ed.) developed in collaboration by the National Child Traumatic Stress Network (NCTSN), the Veteran Administration's National Center for PTSD and HHS' Substance Abuse and Mental Health Services Administration (SAMSHA) at the national level. This guidance was developed with national and local experts in the field. For a free copy and companion CD of the PFA guide, go to: www.nctsn.org and click on the link for the guide under the "Responding to Disasters" menu:

"The National Child Traumatic Stress Network and the National Center for PTSD are pleased to make the Second Edition of Psychological First Aid Field Operations Guide and accompanying handouts available. Psychological First Aid is an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of disaster and terrorism. You may access these materials by signing in to the site".

When You Go, They Go: Don't Leave Home Without Them!

A message from SMART, MA Animal Response Team

When a disaster or emergency occurs and you have to evacuate, ALWAYS take your pets with you. People think they will be able to return shortly to care for their animals, but too often the situation worsens and people cannot make it back to rescue their pets. Do not put your pets' life, your life, or rescuers' at risk.

<http://www.smart-mass.org>

When You Go – They Go.

If you go to a public emergency shelter, your pets may not be allowed inside.

Think ahead. Have a plan in place.

Where can you and your pet go for safety? A friend or family members' home? A pet friendly hotel?



Make a back-up emergency plan in case you can't care for your animals. Develop a buddy system with neighbors, friends and relatives to make sure that someone is available to care for or evacuate your pets if you are unable to do so. Get involved with your Local Emergency Planning Committee (LEPC). Become a Community Emergency Response Team (CERT) member. Help with the pet friendly sheltering plan in your community. Check with your Animal Control Officer or local town hall for ways that you can help.

Becoming Active on the BHDR roster

Many people think that having completed the *Behavioral Health Disaster Responder (BHDR) training* automatically places them on our roster of "active" volunteers eligible to deploy in an emergency. But this is not always the case.

To become a Behavioral Health Disaster Responder for the Commonwealth, a person must first complete a three-step process: (1) Be trained in specialized acute emergency interventions by attending the appropriate training sessions*. (2) Fill out the required paperwork, which includes a sign-up form (which asks about your licensure, specializations, languages spoken, availability, etc.), as well as a CORI check (if you are not a DMH employee). (3) Complete the free National Incident Management System (NIMS) online training or an accredited ICS-100 class and submit the notice of completion to, Ashley Pearson: Ashley.Pearson@state.ma.us.

Although there are no new state-sponsored BHDR trainings currently scheduled for 2009, local and Regional Medical Reserve Corps (MRC), as well as the Red Cross, offer great opportunities for volunteering, training, participating in drills and obtaining real-life emergency response experience. DMH will be offering **Refresher Trainings** over the next year to those who either: Have not taken the standardized BHDR training in the last 3 years and need to keep their training current or have not yet taken the training, but signed on to the roster prior to February 2005. Look for the schedule soon on the state's PACE training system or via email.

